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Bib Data Sheet

CONFIRMATION NO. 7884

SERIAL NUMBER 09/803,628	FILING DATE 03/09/2001 RULE	CLASS 424	GROUP ART UNIT 1616	ATTORNEY DOCKET NO. PC8626CMAS
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APPLICANTS

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**** CONTINUING DATA *******

This application is a CON of 09/577,059 05/22/2000
which is a DIV of 08/727,634 11/04/1996 PAT 6,068,859
which is a 371 of PCT/B95/00264 04/13/1995
which is a CIP of 08/239,094 05/06/1994 ABN

**** FOREIGN APPLICATIONS *******

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 04/20/2001

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY CT	SHEETS DRAWING 1	TOTAL CLAIMS 137	INDEPENDENT CLAIMS 9
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature <i>[Signature]</i> Initials <i>KG</i>				

ADDRESS

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TITLE

CONTROLLED- RELEASE DOSAGE FORMS OF AZITHROMYCIN

FILING FEE RECEIVED 3728	FEES: Authority has been given in Paper: No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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